

**UNITED STATES DISTRICT COURT
DISTRICT OF RHODE ISLAND**

ADR PANEL APPLICATION

Please complete the entire application, using additional paper if necessary. You may also attach a resume, however, you must complete and return this application.

Name: _____

Firm or Office Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

E-mail _____

ADMISSIONS AND AFFILIATIONS

Date admitted to the Federal Bar, District of Rhode Island: _____ I.D. No. _____

Date admitted to the Rhode Island Bar: _____ Bar No.: _____

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.):

Membership and positions held in bar, ADR and professional associations:

Are you a member in good standing in each jurisdiction where admitted to practice law? ____yes
____no

Are you currently the subject of any pending disciplinary proceeding in any jurisdiction? ____yes
____no

Have you ever been denied admission to a bar for character or ethical reasons or disciplined for professional misconduct? ____yes ____no

EDUCATION

Year law degree received _____ Law School: _____

Other professional degrees received (including year and school) _____

Other education _____

LEGAL EXPERIENCE (A minimum of 10 years of law practice required)

Summarize legal experience since admission to the bar:

Percentage of practice in last 5 years representing plaintiff _____% or defense _____%

Percentage of federal or state court practice in last 5 years: Federal _____% State _____%

Number of years engaged in active litigation: _____

EXPERTISE

Indicate all substantive areas in which you have legal or other expertise:

Publications: _____

ADR TRAINING & EXPERIENCE

Describe your experience and training in ADR. Also, indicate any ADR certifications you hold, when they were awarded and by whom.

Other courts or organizations for whom you serve as an ADR panel member or neutral mediator:

OTHER INFORMATION

Please describe any other information, knowledge or skills you wish to be considered as part of this application.

CERTIFICATION:

I am making application to serve on the ADR Panel for District of Rhode Island and certify that the foregoing is true and correct.

Signature_____Date_____2001

Return completed application to:

Berry B. Mitchell
Office of Alternative Dispute Resolution
United States District Court
2 Exchange Terrace, Room 104
Providence, RI 02903